

# ST. BARTHOLOMEW'S



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### ASPECTS ON CONCLUSIONS

This being our final soap-box, we thought we would like to write a concise, witty and conclusive essay on some knotty controversy of universal interest, the kind of essay that makes a literary reputation in about eight hundred well-chosen words, a breezy but telling little dream editorial which we had hoped might even retrieve our name from the fierce fires of condemning criticism into which we have been irrevocably cast. We had hoped to hand over the editorial arena to our very competent successor with that air of satisfied complacency which is the prerogative of those who bequeath a receptive audience. Alas, we had hoped! It seems hardly necessary to say that the muses did not, could not, or would not hear our fervent supplications, so cast back on our own all too meagre resources, we began to hunt for subject material. Out of the murky confusion of embryo ideas there arose two which clearly demanded attention.

The first we write as a word of warning to all future editors. In the past the editors have been press ganged into office with the assurance that people will not read the editorials. At once we wish to dispel that comforting supposition. We assure our successors that even the most unexpected and unwelcome people do—a fact which was rapidly brought home to us by the furtive whisperings and tolerant laughter of our friends. While on this subject we would add that what is good for the student goose is certain to be a red rag to a qualified gander. Again we would like to contradict any hopes that the students will contribute to their own journal. With the fewest exceptions they do not and now we believe that they cannot. The young man of yesterday was forced to write carefully on at least two subjects—on his studies

by his teachers and on his love by the conventions of his time and his beloved. Now the abortive attempts of the fifth form mark the climax of his compulsory literary education, while journalism has stolen the superlatives from the language of love, and the telephone has rendered their very necessity an anachronism. We would add that those few who are willing to write are the same few who are willing to do everything else and in consequence they are always far too busy. But by far the most serious pre-occupation of the editors is to make their tenure of office long enough to save their respective faces and short enough to enable them to push unwanted censure backwards onto their predecessor and forward onto their successor with equal facility.

Switching from the ridiculous to sincere, the second subject is one on which we have been wanting to write for some time. When we read of the ever increasing acuity of international and intranational problems, it seems to us that the great obstacle in the way of solution is the lack of any common understanding between the conflicting parties. Not only have the various nations and classes different scales of values and different aims in view, but their whole ethical background has little in common. The scientific revolution has given us new conceptions of time and the universe, and these have undermined the great religious doctrines. This has naturally resulted in a gross materialism which manifests itself through the various political theories and while we would like to believe that all share a common regard for humanitarian principles, there are now no universal standards on which we can base our lives and our relationships with others.

It is our belief that religion is a progressive

awakening to a consciousness of our position in relation to the infinite. In the past each step forward has been heralded by an advance in knowledge or society, which has provided the soil in which the new conceptions of eternity flourished. We are now on the eve of the greatest turning point of all. Modern inter-communication and modern invention makes a mutual ethical background an essential. The world has looked to the old doctrines and found

them wanting and this has resulted in tremendous divergence of purpose. H. G. Wells long ago saw the need for a universal system of knowledge, but that need now is much broader. Unless we establish a singleness of purpose founded on a singleness of ethical perception, we believe that our way of life faces a destruction as complete as anything that must have overtaken the biologies of the past.

## A CASE OF TETANUS IN A BOY AGED SIX YEARS, WITH RECOVERY

Colin C., age 6, was admitted to Chase Farm Hospital on June 16th, 1945, suffering from trismus and with a history of having trodden on a nail in the garden, nine days previously.

**On Admission:** The patient, an otherwise healthy boy, had tonic spasm of the facial muscles, giving a risus sardonicus, and allowing him to open his mouth to approximately only one quarter of the normal extent. There was stiffness of the neck and some slight generalised stiffness of the back and lower limbs. On the sole of his left foot was a small, healed, puncture wound. He had not received antitetanic serum.

Within twelve hours of his admission to Hospital, generalised spasms occurred and the tonicity was such that he could be lifted up "all in one piece." His head was now retracted and frequent spasms occurred, producing typical opisthotonus and causing him to cry out with pain.

After admission, but before the occurrence of generalised spasms, he had received 50,000 units of antitoxin, but no sedative. Immediately after their occurrence, paraldehyde, four hourly, was given, and he remained, with few exceptions, free from severe spasms during the rest of his illness.

### TREATMENT.

This may be summarised under six headings :

- I. Specific.
- II. Sedation.
- III. Prophylaxis—against secondary infections.
- IV. Nutrition.
- V. Rest and quiet, with skilled and patient nursing.
- VI. Local treatment.

#### I. Specific.

On admission, 32,000 units of tetanus antitoxin, intramuscularly.

Four hours later, 6,000 units of tetanus antitoxin, intramuscularly.

Hourly, for next 36 hours, 3,000 units of tetanus antitoxin, intramuscularly.

On 4th, 6th, 8th and 13th days one injection of 100,000 units of tetanus antitoxin, intramuscularly.

Total dosage over 13 days was 638,000 units, all given intramuscularly.

#### II. Sedation.

The principle : Prolonged reduction of excitability short of full anaesthesia. The drug to have a minimum toxic action on the liver and other organs, and not to be too strong a respiratory depressant.

Following the onset of generalised spasms, paraldehyde, half a fluid ounce per rectum, four hourly, was administered. The paraldehyde, dissolved in about 5 ounces of warm water, was given through a soft rubber catheter, under low pressure: the injection took some twenty-five minutes. Occasionally, he was unable to retain the drug per rectum, so, instead, 5c.c. of undiluted paraldehyde were injected intramuscularly into the buttock, also four hourly. At the end of a fortnight he appeared to be acquiring some degree of tolerance to paraldehyde, so, for two further days, the following sedative was substituted for it :

Chloral hydrate	a a
Potassium bromide	grs. 15

#### III. Prophylaxis.

On the second day in hospital, coarse crepitations and rhonchi were heard in his chest and, to guard against further pulmonary complications, sulphamezathine gm. I, six hourly, was administered. At times there was much mucus in the upper respiratory tract and, on these occasions, the foot of the bed was raised, he received mist. ammon et ipecacuanha co. half a fluid ounce t.d.s. and the dosage of paralde-

hyde was slightly diminished. Under these conditions he usually drained away the mucus satisfactorily. His lungs remained almost clear throughout.

On the ninth day, his temperature rose to 102° F. and a generalised morbilliform rash appeared. The sulphamezathine was discontinued but, by that time, its work had been done: the patient received a total of 38 gms.

On admission, he had two ulcers under his tongue which may have been caused by spasms.

Penicillin pastilles (500 units each) were given to him to suck at frequent intervals to prevent spread of infection and a possible stomatitis.

#### IV. Nutrition.

The principle: adequate nutrition, having regard to difficulties in feeding and digestion and taking into account the additional requirements of the body necessitated by the muscular spasms and increased metabolism.

The feeds were given shortly before the next dose of paraldehyde was due, the patient then being least drowsy and most capable of taking food. With patience, it was always possible to feed him by mouth. His feeds consisted of 4-6 fluid ounces of milk, to which had been added 2-4 drams of glucose. Water and orange juice were given ad. lib. After a week, eggs were given beaten up in the milk. On the twentieth day after admission, he was on a full diet.

His daily fluid intake for the first fourteen days averaged about 70 fluid ounces:—50 fluid ounces by mouth and 20 fluid ounces per rectum, along with the paraldehyde. The daily caloric intake averaged between 900-1,100 calories.

#### V. Rest and Nursing.

The patient was placed at first in a room by himself, with the curtains drawn continuously. A warning notice was placed on the outside of the door, and the nursing staff fully acquainted with the risk to the patient should he receive sudden stimuli. He was nursed in a cot.

Throughout the first fortnight he was incontinent of urine. For the first six days his bowels were not opened naturally and no attempt was

made to evacuate the rectum. At the end of a week, a simple soap and water enema was given with good results, and this was repeated occasionally as required.

#### VI. Local Treatment.

The healed wound on the sole of the foot did not receive surgical treatment.

The patient's temperature on admission was 99.4° F.; it then rose slightly and remained mainly between 100-101° F. for fourteen days. There were three peaks in the chart: After taking 22 gms. of sulphamezathine, the drug was discontinued for 24 hours and the temperature immediately rose to 102° F., to return to the previous level on resumption of the drug. It again rose to the same level at the time of the morbilliform rash on the 9th day. Both rash and the "temperature spike" subsided with cessation of the drug.

On the day following his last dose of antitoxin his temperature was 103° F., and the next day, just fourteen days, almost to the hour, after his initial dose of antitoxin, it rose steeply to 106.2° F. He was tepid sponged until the temperature reached 104° F., and then placed in a tepid bath for five minutes, after which his temperature was 100° F. The following day his temperature fell to 96° F.—a fall of over 10° F. in twenty hours. Thereafter, it climbed to normal and there was no further pyrexia.

On admission, he had a very slight, right internal strabismus. On his recovery from tetanus, there is no doubt that this was accentuated.

On the twentieth day after admission, he was able to open his mouth to the full extent, to sit up in bed and take a full diet.

#### SUMMARY.

A case has been described of a boy aged six years, who developed generalised tetanic spasms on the tenth day following a perforating wound of the foot, and who recovered under treatment.

I wish to thank Dr. P. Hamill for most helpful criticism and for his kindness in permitting me to publish the case.

T. H. TIDSWELL.

July, 1945.

*The article printed overleaf is published in connection with the appeal of the International Student Service for new or second-hand medical text-books and clothing for Dutch medical students. Would old Bart.'s men who can spare any of their old text-books or clothing send them to the Secretary of the Students' Union at the*

*Hospital? Both clinical and pre-clinical textbooks are urgently needed.*

*Mr. Haenen was a student at Delft. He visited the Hospital in September, and at our request has written this article in order to give a first-hand account of the situation in Holland.*

## MEDICAL STUDIES IN THE NETHERLANDS

By ALFRED HAENEN

Reviewing the outlook for Dutch Medical students to return to their studies, it will be good to give a short recapitulation of those facts that are responsible for the present situation.

Medical studies in the Netherlands could only be done at the medical faculties of four of our Universities: Leiden, Amsterdam, Utrecht, and Groningen. In total there were some three thousand medical students in Holland.

When our country was overrun by the German Armies, the Nazi Party came into action with its programme of nazification. Freedom and Democracy, outstanding features of Dutch national life, were in danger and found a protection in the formation of a front of resistance which grew more organised as the attacks increased. Universities always play a great part in outlining a people's national sphere, and it is the pride of Dutch Universities that they were looked upon by the Germans as a dangerous source of inspiration of national Dutch resistance. Breaking University freedom seemed a necessary step in breaking Dutch minds, so the Germans started a slow but wicked process of nazification.

In November, 1940, all Jewish professors were banned from the universities. Though only a few professors were involved, a reaction of indignance resulted, followed by a three-days' strike of protest by the Leiden professors and students, and by the students of the Technical High School at Delft. The other Universities and High Schools reserved their action of protest until more heavy attacks were launched.

To Leiden and Delft the consequences followed instantly: both the University and the High School were closed and students were prevented from studying elsewhere. Yet the instant reaction of a strike was not expected by the Germans, who proved to be worried by it very much, and no doubt it caused a delay in the issue of other measures.

In April, 1941, Delft was re-opened, which, students were told, was due to the magnanimity of Nazi authorities. In Leiden, however, professors too had made their positive protest and the Germans decided not to re-open Leiden with its staff again. Their pains to replace the Leiden professors by Nazi men and to establish the first Nazi University in Holland never succeeded owing to the lack of collaborator-scientists. Leiden since November, 1940, remained closed and its professors and students

switched over from the open to the underground resistance.

Not until about February, 1942, the next step came: Jewish students, like all Jews in Holland forced to wear a mark as such, were banned from Universities and High Schools. Far from being indifferent, the Dutch students unanimously decided not to demonstrate openly until other expected measures were taken. University life went on.

In December, 1942, it was known that Germany planned to mobilise thousands of students for forced labour in Germany and Eastern Europe. Students kept clear of the Universities, but came back after some time, when they were assured that nothing like this was planned. On February 6th, 1943, however, several University buildings were suddenly surrounded and several hundreds of students were removed to the Vught concentration camp, near 'sHertogenbosch. No one appeared at the University since. But a thorough organisation of resistance and mutual help was built up in those days, and spread over the whole of the Netherlands. Students, no longer able to study, were likely to deal with matters the Germans feared very much, and in general Dutch resistance an ever increasing number of students were involved.

The Germans apparently wished to regroup Dutch students at the Universities in order to deport many of them to Germany and to keep the rest under a firm control. For this, confidence of the students had first to be regained. On March 10th, 1943, the authorities issued a decree that in spite of their former behaviour students were to be given one more chance of showing their adherence to the European Order by signing before April 10th an Act of Loyalty to the authorities. But to those who signed there was no assurance that they would be allowed to continue their studies unmolested. For at that time the Germans introduced the system of a "Numerus Clausus" (a limited number of students who would become essential technicians of the European Order and its battle against Bolshevism, etc.), the number of which would be decided only after April 10th. The students, under arrest at Vught, were given freedom again to show the German good-will.

Yet it became clear after some weeks that too small a minority of students would sign the Declaration of Loyalty, so the authorities hastened to promise that *all* those who would sign it would automatically be included in the

Numerus Clausus, which thus lost its former significance.

There was still one week in which students could decide between two alternatives. On the one hand, if all signed the Act, the German intention to reduce the number of students would not be fulfilled except by openly breaking their promise and mobilising "loyal" students for forced labour. (Signing the Act could be interpreted as excusable as its formula left the decision whether an official resolution should be obeyed or not to the individual conscience and honour. Yet it was not attractive to make use of such a lawyer's excuse, nor was there any evidence that the Germans feared to break their word openly.) On the other hand the second possibility of unanimously refusing to sign the Act would make studies certainly impossible, but would save the honour of Dutch students and would, by its character of a demonstration, greatly inspire general Dutch resistance.

The students decided not to sign. Only about 13 per cent. of them did, and they will now be expelled from Universities for a period at least as long as that during which they were able to study since April, 1943. In addition, their degrees will be annihilated.

Those who did not sign had to hide from May 6th, 1943, when they were ordered to go to Germany for forced labour. About one-third of them actually went to Germany, being faced by the most intimidating threats of reprisals, to be carried out under a state of that martial law which reigned over Holland in those days and which in justice can only be compared with the brutality of the defeated German armies since September, 1944.

From April, 1943—in practice from December, 1942—normal university life in the Netherlands had ceased; but the students remained firmly organised. Those who were deported were helped to escape, resulting in the safe return of about three-quarters of them up to September, 1944. In Holland students joined in helping the allied interest in all respects, awaiting their duties after the liberation of their country. Their total losses during German occupation amounted to about 600 killed, and many more have been forced to abandon their studies, by causes of all kinds.

By now, Dutch universities have started again, and the severe shortage of young graduates in Holland presents a great emergency. On top of that they are faced with enormous spiritual and material difficulties.

Dutch students are faced with spiritual difficulties after having been roving in uncertain circumstances, dealing with all kinds of work; it will be very difficult for them to return to normal student life, and many will want help. In addition, the behaviour of the average Dutch professor was not respected very much by the students. Though very few could be called collaborators, most of them always tried to find a compromise between pursuing university life with freedom greatly restricted and incurring German reprisals by resigning and siding with the students. The majority of them continued to teach. Respect for the professors has diminished, and will have to be re-established.

Material difficulties in the way of a good start are, however, much more substantial. As far as the medical faculties are concerned there is a serious shortage of professors in Amsterdam and Groningen, where some outstanding professors are not found acceptable owing to their national behaviour. There is, too, a large gap in learning owing to the cessation of scientific and technical research for about three years, and to a very unsatisfactory knowledge of what has been achieved abroad since 1939. In addition, the universities have become very short of instruments of all kinds, because supplies have failed to reach them since 1939 and because of German robbery of the greater part of their electrical and optical equipment. Libraries have lost many books, and there is a great lack of latest publications.

Like the average Dutchmen, the individual student suffers from an inadequate supply of clothing. More or less he has got used to this. He will not get used to the enormous shortage of bicycles, tyres and tubes, which compels him to walk for hours a day. Yet it proves possible to do without them. Students are waiting for better days. Indispensable, however, in their studies is a minimum number of those elementary books which should be consulted daily and which are totally absent in Holland. They can only be provided from overseas.

## OBITUARY

## COL. H. A. GILKES, M.C., R.A.M.C.

Those of us of the 1922-23 vintage are grieved at the sudden death of Humphrey Gilkes in an air crash whilst on his way to England for a spell of well earned leave.

Before he took up medicine, Gilkes served with Field Marshal Montgomery in the 1914-18 war, and gained the unique distinction of winning the Military Cross on no fewer than four occasions.

After leaving Bart.'s he finally joined the Colonial Medical Service and at the outbreak of war, was D.D.M.S. Trinidad. By his persistence and in spite of powerful official opposition, he managed to obtain permission to join the Army and was sent to East Africa, where he served with a Field Ambulance during the campaign. After the fall of Somalia (Italian Somaliland), he was appointed A.D.M.S. Somalia.

At the time of his death he was Principal Medical Officer to the British Somaliland Military Administration, and I had the pleasure of meeting him once again, after 23 years, at Hargeisa, a few days before his fatal accident.

I found him living alone in a tent pitched in the Somaliland scrub, with his violin, banjo and books. He preferred this to the comfort of a mess.

After doing a ward round with him at the Native Hospital, one realised with what affection Gilkes was regarded not only by his colleagues but by the proud Somalis also. One heard that Natives crowded the vicinity of his tent when the bush telegraph announced his return from a long safari, even though there was no official news of the date and hour of his arrival.

He was a man of great charm and whilst he listened to us discussing the cases, there he stood leaning on his favourite ash plant stick,

one foot crossed over the other, hand on hip, with his head tilted to one side—a characteristic stance of his.

His love of adventure, combined with energy, kindness, humour and profound knowledge of human nature, made him an outstanding member of that happy breed who are Britain's unofficial ambassadors to undeveloped Colonial peoples. His keenness to help the backward Somali was imparted to all who worked with him and his anxiety to do the best for mankind over-rode all else.

His hobbies were music and writing and in addition to being a versatile and accomplished musician, he had written several novels.

Beloved by his countrymen and Somali alike, he will be much missed in a rather uncomfortable and lonely out-post of the Empire.

C. NAUNTON MORGAN.

I knew Humphrey Gilkes well, for soon after the last war he began to study medicine at Bart.'s and presently was a dresser on Professor Gask's Unit. The Honourable Artillery Company is proud to recall that he began his military service in its ranks in September, 1914, and later got a commission in the 21st London Regiment, in which he achieved the almost unique honour of being awarded three bars to the Military Cross. It was a great pleasure to meet him again when I was the predecessor of Naunton Morgan in East Africa Command. I can fully endorse all that he says. He was calm and imperturbable, yet alert and always ready to face difficulties if he found them in his path, and one felt that it was just those qualities which had made him as a junior officer the fine soldier that he was.

R. OGIER WARD.

## THE LETTER

Feeling in a reminiscent mood to-night, I am tempted to reproduce as near as I can, word for word, the text of a letter written by a doctor and which accompanied the patient to hospital. As this was no ordinary medical case, nor indeed it would appear, no ordinary medical practi-

titioner, although after the lapse of all these years, I cannot guarantee the wording as being exactly that of the original letter. I can on the other hand, guarantee that the substance is completely authentic. Here, then, is the actual letter:—

" Dear Doctor Sir,

Introducing my patient Mrs. Henrietta Brown, whom I have known well, if not intimately for many years. I am therefore in the position to say that she is an excellent woman—eats well, sleeps well, and up to the present, has been regular in her habits. Therefore no one was more surprised than myself when she came to my surgery this morning complaining of no show for the last two months. I quickly gathered she meant amenorrhoea (for I have not known Mrs. Brown all these years for nothing), and on closer questioning ascertained she was also experiencing pain in her right shoulder.

On abdominal examination (it is my own opinion that this is sometimes worth doing), I was very surprised to find a tumour arising out of the right costal margin, and indeed more surprised still that it was tender to my palpation, and I must say I am always a careful palpator of the gentle sex. I therefore doctor sir, have no hesitation in diagnosing this case as an ectopic of the under surface of the liver, for has she not got amenorrhoea, a swelling of the

right costal margin, and right shoulder-tip pain? I am sure you cannot do other than agree with me that this constitutes a most interesting case—indeed may it not be the most interesting case of the year? I am happy to think I have been the means of bringing such a rare case to your notice. In conclusion, it is only fair for me to add that for many years her husband has suffered from a bilateral hydrocele, and I cannot, therefore, regard the seed as healthy.

Yours etc.,"

The point of this rare and exclusive case would undoubtedly be lost if I did not explain that the diagnosis made on admission to hospital was one of anthritis of the shoulder with early congestive cardiac failure, producing a palpable liver. The amenorrhoea?—well, she was past the menopause, dear doctor sir!

ANON.

## WITCH DOCTORS

By COL. L. B. CANE

The profession of "Witch Doctor" includes practitioners who by various methods claim to cure diseases, remove their causes, produce rain, or in other ways confer benefit upon those who may consult them.

Under this general term may be included those by some called "diviners," who by supernatural means profess to discover the persons or causes responsible for disease or disaster; the "sorcerers," who cast spells thought to produce these results; and the "mgangas," or general practitioners, who prescribe or apply remedies, and in some cases even set fractures and do simple operations. Though for their results all rely to varying degrees upon magic and the credulity of their clients, the third class depend largely upon their inherited and acquired knowledge of simple indigenous herbs and roots. Of these some are undoubtedly of therapeutic value, and more may in the future perhaps be analysed and eventually enrich our pharmacopeia.

### "DIVINERS"

Those who may be termed "diviners" are called in to discover and denounce the sorcerers whom they allege to have been the cause of any illness, death, or disaster. They are also consulted on many subjects, the choice of a bride, the site for a house, the result to be expected from an operation, the sacrifice to be offered to appease an ancestor, the discovery of a person who has bewitched the rain, and the

means to counteract the influence of missionaries.

They make and sell amulets to preserve the wearers from injury, illness, and the evil eye, and to ensure safety on a journey, or success in hunting or warfare.

When any disaster, such as failure of the crops, befalls the community, or death or some strange disease affects one of its members, the chief or headman holds a "kula-gulwa" or inquest.

At this the "Diviner" is called in to discover the cause, and to indicate who may be responsible. The complainants are first questioned, and after much drinking of pombe, the locally brewed beer, the procedure varies. In many cases two fowls are ceremoniously killed and cleft in twain. The halves of each are then held in either hand, and their entrails examined to indicate replies to questions addressed to them. If the appearance of the kidneys, for instance, in one fowl gives an affirmative answer, and this is confirmed by a similar condition in the second fowl, the diviner is enabled to give a definite decision.

The person whom he states to be responsible for the disaster or disease is seldom indicated directly by name, but indirectly, in the manner of the Delphic oracle of old.

On hearing the Diviner's verdict the people, however, have little doubt who is the person who by witchcraft or the evil eye is held to be



*A consultation between doctor and patient in a mongoose skin on which are pieces of stick and cowrie shells to assist in diagnosis and prognosis. Also his fee—3 cigarettes.*

responsible, and action is taken accordingly. This usually results in that person's death, either by beating, spearing, poison, or other means.

Besides diagnosing the cause the Diviner also advises what must be done to improve matters, either a cure or to prevent recurrences.

This usually takes the form of votive offerings to spirits or ancestors, and the offering of animal sacrifices.

#### RAINMAKERS.

Amongst these the most renowned are the Rainmakers, for whom in some tribes there are definite rules of life.

The Rainmaker and his wives should wear black clothes, since clothing of different colours may cause the clouds to break up and disperse without rain. He should also wear black beads, cowrie shells, and hair from the tail of a giraffe or wildebeeste. His walk should be stately, lest if he hurries the rain may fall too fast and too quickly soften the ground. He should speak softly, lest if he raises his voice the rain when it comes may be accompanied by thunder and lightning. He may not touch a dead body, nor eat either an animal that has been used as a funeral sacrifice, or the hind legs of any animal, because these are heavy, lest the rain be also too heavy for the crops. When the rains come he should not travel, lest they cease when he has gone.

Amongst the methods in a certain district employed by the Rainmaker are the following:

In the courtyard around his house he keeps smooth stones, with a kind of diamond pattern, called "rainstones." These he places in a vessel with sesame and castor oil, and because of their

beauty and sparkle in this the people think they must contain water.

To the stones beneath these oils the Rainmaker adds various roots, pieces of thinoceros hide, and human and other bones. The whole he then stirs and boils until the steam that rises begins to gather and hang about like clouds. Removing his clothes he then declares that the rain is gathering and cries out, "Rain, rain, come hither."

It is obvious that the Rainmaker must necessarily be a shrewd observer of the weather, and that for the sake of his reputation must postpone his rites until he considers that rain is imminent.

#### SORCERERS

Of "Sorcerers" the number in some parts are legion, and those suspected of sorcery are greatly feared. Few dare to denounce them, and must consider it wise to treat them as friends, at feasts serving them first, and with double portions, and cooling their beer.

They are spoken of with terror, and few will pronounce even their names. They are thought to work spells in secret, and to have the power of changing themselves into wild animals, for which reason few dare to kill or injure even a hyena, lest a sorcerer's curse should descend.

A belief in sorcerers is of advantage to the "doctors," since their denunciation increases their own reputation, and may also provide a ready means of disposing of an enemy.

Besides what may be termed the professional sorcerers other members of the community may be accused of witchcraft. These may be harmless old men or women living on terms of friendship with their families. Though these

may never before have been suspected of witchcraft, their indirect denouncement by the Diviner often leads to the same fate

#### MGANGAS

Unlike the sorcerers the Mgangas, or healers, work in full daylight.

They are honoured by all, and after death their spirits are considered an influence equal if not superior to that of the ruling chiefs.

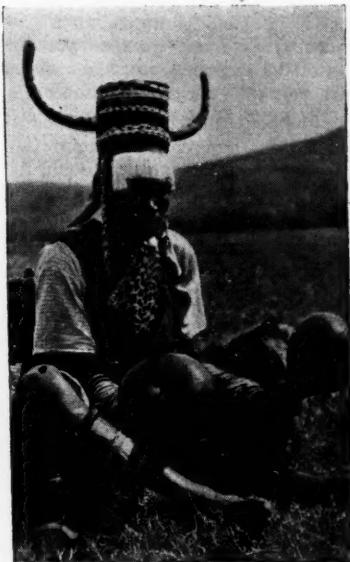
The underlying tendency of the African to attribute all illness to witchcraft must be appreciated if an attempt is made to understand some of the strange mixtures that are often employed. Though the mgangas may have a considerable knowledge of simple herbal remedies, and of the magical ingredients which they add, their

the thin curved ends of gourds. Most include in their headdresses a "halo" of giraffe or zebra hair, and one I saw at a Victoria ngoma (dance) had his horned headdress crowned by a blue enamelled teapot, whose lid kept opening as he leapt up and down.

Around their necks are hung strings of cowrie or other shells, and on their legs are garters bearing a number of spherical iron bells, whose sounding announces their approach.

Each holds in his hand a polished ornamented gourd containing millet seeds or small stones which rattle, and around him are hung smaller gourds containing "medicines."

Their methods of diagnosis and treatment differ considerably. One may read the future



*A Diviner. Horns of gourd stems ornamented with brass rings. Leopard skin. Iron bells below knees. Gourd rattle in hands. Small gourds containing medicines on back. Brass and copper bangles on arms.*

treatment is essentially symptomatic, and as they are ignorant as to which of their ingredients may be effecting apparent improvement, their medicines and methods are frequently changed without any obvious reason.

The witch doctors in some tribes are not distinguished by special clothing or insignia of their office, but in others, notably in the western parts of Tanganyika, where these portraits were taken, they wear skins of lions or leopards, and the higher classes have on their heads long horns, either of antelopes or fashioned out of



*A General Practitioner. In right hand a perforated gourd rattle, in left some iron bells.*

in the lines of the hands, another draws in the sand figures from which he professes to learn the nature of the illness, another throws his sandals in the air, and from the way in which they fall to the ground discovers hidden things. Some practitioners retire to bed to discover the future in a dream, others profess to find it from the movements of water boiling in a pot, or from the grains of millet shaken up in the polished gourd.

One who permitted me to take photographs of a "consultation" squatted down opposite his patient, and spread out on the ground between them a mongoose skin. On this he poured

out from a receptacle a number of small pieces of wood, of two colours and about an inch long, and some cowrie shells and other small objects. On this skin the patient then added his fee, in this case three cigarettes.

The doctor then began to sing a kind of song, the opening lines of which were afterwards translated to me to mean: "You have given me a good profit" (*i.e.*, fee); "I have been far, even to Bushingo" (a district which like Harley Street is famed for its doctors); "My Masters have taught me what I am doing"; and then, "Hold out your hands" (for examination).

This was followed by a questioning of the patient, presumably on his symptoms and history. When this was finished the doctor examined the man's palms, and then juggled about with the pieces of stick and cowrie shells, and from all this apparently reached a diagnosis. He then advised the patient what he should do, and gave him a few grains of apparently dried herbs from one of his little gourds.

This was the extent of what I observed: of the nature of the patient's complaint, if any, or the treatment advised I know nothing, as I was unable to understand their local language.

To compensate the doctor for his feared loss of reputation from having been photographed I added from my cigarette case an honorarium equal to the amount of the fee he had received.

The others, whose photographs I secured a few days later, were called in for me from nearly ten miles away by a woman sultan, or chieftainness, for whose inflamed eyes I had given some treatment the day before.

Incidentally I learnt later that this lady had succeeded to her position by murdering her mother. The chiefs in these parts are considered in some way as the Spirits of Agriculture, and if they should become seriously ill or feeble the crops might be expected to fail. They are therefore frequently strangled, although a neighbouring sultan had complained before he died that his wives had poisoned him.

The one with the horns ranks as a "priest," the other is his attendant "general practitioner."

The Mganga's art is usually hereditary. When growing old he chooses one of his sons to whom to transmit his secrets. He takes him into the forest or the bush, and there teaches him to recognise and prepare medicinal roots, barks, and fruits, and their methods of administration. He also instructs him in the art of enhancing their effects by the addition of various magical ingredients. Amongst these have been noted such items as morsels of crocodile or hippopotamus fat, buffalo eyelids, eyelashes of a hyaena, eyes or gall stones from a crocodile,

portions of elephant liver, or wrinkles from the forehead of a lion. "Patent medicines" such as these must be greatly prized, and with the rest of his stock, stored in small boxes or in horns of antelopes at the back of his hut, are bequeathed before his death to his son.

No detailed account of these native medicines can here be given, even if my knowledge of them were sufficiently wide.

Amongst these practitioners, as in the profession elsewhere, there are of course specialists. Of these the most renowned perhaps are those who treat sterility, whose patients often travel from long distances to consult them. Others boast specifics against venereal diseases, and are reputed at times to make truly astonishing cures. Amongst the remedies given for syphilis is an infusion of the root of the common paw-paw (*carica papaya*). There are also specialists for diseases of the eye, chest, intestines, diseases of children, and even for mental disorders.

Their methods are crude, and their results often disastrous, but until education and adequate medical facilities can be brought to these ignorant people the influence of the Witch Doctor will continue.

A Witch Doctor, unlike his white confrere, has no bad debts. His fee, either money or in kind, a cow, goat, sheep or other gifts, is always exacted before treatment is undertaken. Many by local standards become comparatively wealthy, and all are held in great respect.

#### A COURT CASE

As an indication of the extraordinary hold over the people possessed by witch-doctors the following incident may be of interest.

A witch doctor and rainmaker who had amassed considerable wealth in the exercise of his profession was found to have paid no Hut or Poll tax for many years, in fact his name was not even included in the assessment roll of taxpayers. The tax clerk of the area was accordingly instructed to demand immediate payment of his tax.

As time passed and the money was not forthcoming the clerk visited the mganga's hut and insisted that he should appear before the chief.

Tired of these importunities, the mganga said: "I am not permitted by the spirits to pay tax to any man. You know my reputation. If you persist in worrying me I shall cause the lightning to strike your women folk and children."

The clerk was exceedingly afraid, but duly

reported the threat.

He was told to return to the mganga with the assurance that if he did not appear before his chief immediately he would have the Government to contend with.

One morning, a few days later, a large procession of natives bearing three stretchers was observed approaching the station. The stretchers were carried up the steps leading to the headquarters and placed before the Administrative Officer. Two stretchers contained the dead bodies of two young children. On the third was a young girl suffering severely from shock. Down one side of her body was a clear light fern-like impression, significant of the effect of lightning on a dark skin. She was treated in hospital and eventually recovered.

No coherent explanation could be elicited from the excited crowd.

The tax clerk said: "A large cloud came over my hut. There was a sudden crash of thunder. The result you see before you now."

It was clear that the crowd was curious to learn what action the white man proposed to take against a mganga possessed of such formidable powers. The position was not without difficulty. The arrest of the mganga would have been a tacit admission of his supernatural powers. On the other hand his original threat to exercise witchcraft with malicious intent could not be overlooked.

The Court House was filled on the morning of the trial. The witch doctor, wearing his

trappings and badges of office, stood in the dock, and calmly surveyed the witnesses appearing against him.

The proceedings were hampered and hearing made difficult by a sudden and violent thunder-storm overhead. On being questioned the accused admitted that he had occult powers and could control the elements.

To allay the growing uneasiness which was apparent amongst the natives in the court, the Magistrate asked: "Can you make the lightning strike me?" After some deliberation the mganga replied: "No, but—" and turning he scrutinised the crowd behind him, "—I can make it strike the others who are now present."

The room cleared in a trice, and it was with difficulty that order was restored sufficiently for proceedings to continue.

For some of the details given in this article acknowledgments are made to "La Tribu des Wagogo," published in "Anthropos," by Father R. P. Theobald Schaegelen, C.S.Sp., who also gave me other information, and for notes on Rainmakers to a translation from the vernacular published by J. W. T. Allen in Tanganyika Notes and Records No. 7.

Further information given by His Honour Judge Wilson is also acknowledged with thanks.

The Court case that concludes it is recorded in the Mkalama District book, by C. P. Lyons, Assistant District Officer.

*The Publication Committee of the JOURNAL are especially indebted to Colonel Cane for sending this article. Eye witness accounts of Witch Doctors in consultation are extremely rare, and the photograph of the consultation is unique.*

## CORRESPONDENCE

### THE ATOMIC AGE

To the Editor, St. Bartholomew's Hospital Journal  
Dear Sir,

The Editorial of this month's JOURNAL seemed to me to be pitched in rather a minor key, and I asked myself "Is it justified?" In case it had the effect on the minds of other readers that it had on mine, will you allow me to try to present a more hopeful outlook?

We have passed through "Ordeal by Battle," and now we are face to face with other realities which will further test our character. I myself gain strength by turning over records of the past, and in my scrap book I find the following extract from *The Observer* of October 31st, 1931. My mother copied it out and enclosed it in a letter to me of about the same date:—"We quoted last week a letter we have received from an old friend who had come over once more to watch the campaign. He said, 'British character is going to assert itself with historic regularity. There is no fear.' The writer

of these remarkable words was Edward Price Bell of the *Chicago Daily News*. Because he has given devoted affection to this countryside, where he lived for many years, E. P. Bell has always been right about us. "He knoweth best who loveth best."

And I would like to add the words written by Percy Bysshe Shelley—

"A glorious people vibrated again,  
The lightning of the nations."

I think these words are appropriate to the peoples who inhabit Great Britain and our Commonwealth of Nations.

I cannot, of course, do much to calm the fear which the arrival and explosion of atomic bombs has aroused in some of us. But I recall that an Englishman, by name John Short, was shocked by the decision of the inhabitants of a French town called Givet to light the town with gas. On September 29th, 1835, he wrote:—

"Tis well for us the Sun and Moon are up so very high

That no presumptuous hand can reach to pluck

them from the sky.

If 'twere not so I do not doubt but some Reforming Ass

Would soon propose to snuff them out and light the world with gas."

Perhaps we shall be able to light the world with gas made by splitting atoms instead of using the sun or moon, and that will be fun.

I am, Sir,

Yours faithfully,

GEOFFREY EVANS.

7, Mansfield Street,  
Portland Place, W.1.  
September 15th, 1945.

## JOHANNESBURG HOSPITAL—

### —A PROTEST

*To the Editor, St. Bartholomew's Hospital Journal Sir.*

Dr. Melle, who is also a Bart.'s man, gave me a ST. BARTHOLOMEW'S JOURNAL to read, and pointed out an article, "A Visit to South Africa," by W.

Norman Taylor.

In this article, Mr. Taylor made certain remarks concerning the honoraries of the Johannesburg Hospital. These remarks are neither tactful, nor in good taste, for had Mr. Taylor enquired from the professor of medicine with whom he went round he would have learned that of the four senior honorary physicians, three were away on active service, two being up in Egypt with hospitals (of whom I was one) and the third was in charge of a medical division at a military hospital at the coast.

I was rather surprised that a Bart.'s man should make these remarks concerning the honoraries of another medical school. Even if these remarks were true (which they are not) one still feels that they would have been better left unsaid.

I am,

Yours faithfully,

L. I. BRAUN,

Senior Honorary Physician,  
Johannesburg General Hospital.

184, Lister Building,  
Johannesburg.

September 3rd, 1945.

*Dr. Malcolm Donaldson and Mr. Donald Fraser have been elected to the Council of the Royal College of Obstetricians and Gynaecologists, Dr. Donaldson representing the Fellows, and Mr. Fraser the Members in London.*

## THE TRIAL OF MARY DUGGAN

Some years ago, you may remember, an American playwright called Bayard Veiller had an idea. No doubt bearing in mind the sublime delight with which the people of the State of New York saw their case lost against Miss Nan Patterson, and the general upset it created at the time is what was—and strangely enough still is—fulsomely described as the civilized world, he decided it would be a capital notion to put on the boards a trial of his own. A trial complete with judge, counsel, witnesses, prisoner, and—brightest flash of all—the audience flattered to the extent of comprising the jury, and spasmodically addressed as such over the footlights.

For Mr. Veiller's convenience, a woman is accused of murdering a middle-aged banker to whom she has been a, shall we say, obliging friend, and who subsequently embarrasses her by being found one night stabbed in the back in their sinful bedroom. All of which ensures the presence on the stage, to the inevitable delight of the audience, of a pretty woman

prisoner, a six-inch dagger and a blood-stained chiffon nightdress.

Of course, we are more than certain before the rise of the curtain that the woman whose name is in the title will eventually be proved innocent, just as the heroine of old-time mello-drama would be saved at the last moment from the whirring teeth of the circular saw. And similarly will Mary Dugan be disclosed a Good Girl at heart, kind to her brother, and by circumstances alone forced to suffer the fate that is, technically at any rate, worse than death. The means by which she is eventually acquitted form the thinnest dramatico-legal proceedings since Shakespeare finished the *Merchant of Venice*. But although as a play *Mary Dugan* is high-grade corn, no one who has ever picked up a Sunday paper could wonder for a moment at its widespread popularity.

My job is not to criticize the play, but to castigate the players, which, considering the piece even in relation to the high standard of

Hill End dramatics, I find surprisingly difficult to do. A play like this survives by team-work—one weak link in the chain of character parts making up the large cast and the illusion is dead. This performance not only stayed alive, but thrived: so for managing this team, for setting the pace, and for keeping the audience's attention, full marks to Mr. Gordon Leslie, who produced the affair and made a suitably bashful speech at the end.

As for the acting, there seems to be a sudden burst of talent at Hill End at the moment. Mary Dugan was played by Miss Berenice Hughes, who gave an extraordinarily able and convincing performance on the witness stand, and also wept very nicely at reasonable intervals throughout the trial. She was, as I said, obviously a good girl at heart—but to her disadvantage, a little too obviously most of the time.

An equally meritorious appearance as the Widow was made by Miss Sheila Higginbottom, who fainted very charmingly. And to the bouquets for these ladies I will add two extra blooms for avoiding the terrifyingly easy temptation to over-act that their parts certainly afforded.

Mr. Michael Whiteley had the heaviest task of the lot as the prosecuting attorney, and had obviously put a good deal of thought into the matter—which repaid him with the sustained attention of the audience. He managed very well to convey his character over the footlights, and had the ability to carry most of the weight of the play on his sharp shoulders. Mr. Brian du Heume appeared originally for the defence, and don't look now, but he's the chap who really done the dirty deed. He too gave a very sound performance, both as accuser and accused, as well as managing to catch a dagger left-handed four nights running. (Yes, Mr. Veiller exposes him with the old left-handed gag—would you believe it?)

Towards the end of Act I. there bursts on to the stage a Virile Type who turns out to be Mary's brother, and who, by convenient forethought, she has put in for law, and now comes hot-foot to defend the family honour and his sister's neck. Mr. David Sacks was well cast as this Jimmy Dugan, and having got the character set in his own mind, ably proceeded to play it as it should have been—i.e., giving a BMR of about 250.

Mr. Cecil Lloyd, adopting the facies of a dyspeptic Parkinsonian, made a good gravely-voiced judge. All the witnesses made the most of their character parts, especially Miss Leslie O'Field, who deserved all the laughs she got

for her sketch of a lady from the *Follies*—the Misses Pearce and Easton, as two further Follies dollys, were competent but too Roedean. They acted as if they thought Sister was looking all the time.

Miss Peggy Nisbet was well cast, and skilfully portrayed the inevitable French maid these sort of plays drag in. Mr. Walter Poole made a good job of the equally inevitable chuk of a detective, as did Mr. Howell Davies of Dr. Llewelin, whom we were glad to see from his tie was an old Bart's man. Mr. John Hindle made a very pleasing appearance as a negro lift-boy, and Mr. Bill Fairbank got quite a lot out of a rather distant finger-print expert, while Mr. Freddy Chapman was the murdered man's tailor and undoubtedly did his medicine at Cell Barnes. There were several other members of the court who remembered to look excited or bored as the proceedings or their importance dictated.

I think the heartiest congratulations go to whoever it was who decided not to do the play in its original American accent, but there still remained too big a contrast between characters like Mr. Whiteley, who remained frightfully English, and those like Mr. Sacks, who was the dynamic American screen attorney in everything except inflexion. Another important fault was that the older characters—and consequently the most important ones—were old in make-up only. It takes skill for youth to convey maturity on the stage, but nevertheless, this to me seemed a very juvenile court.

The scenery, which appeared to set the scene in St. Pancras waiting room, with a little imagination could have been made into a more impressive setting. The stage furnishings were bad enough to detract from the acting, even if each witness did agree to tell the whole truth over a copy of *Gray's Anatomy*. The costumes lacked American *chic*, and although I admit clothes for both sexes are a problem these days, I think at least the prosecuting attorney ought to have worn suspenders on his socks.

I shall docket *Mary Dugan* with my more favourable, but mixed, remembrances of Hill End drama—along with Mr. Ian Proctor triumphantly opening the windows in *The Housemaster*; Mr. Cozens Hardy smoking his way through *Robert's Wife*; Mr. Michael Dickenson anxiously reading the entire "Field" and half the "Tatler" waiting for the unexpectedly delayed entrance of Mr. Kenneth Nuttall in *The Middle Watch*; and the curtain nearly falling in one of the Christmas shows, on the nape of Mr. Donald Richard's neck.

ALAN TOIS.

## THE CAMBRIDGE GRADUATES CLUB

The Secretary announces that the club is since before the war.  
hoping to meet in November — the first time

## RECENT PAPERS BY BART'S MEN

APPLETON, A. B. "The Arteries and Veins of the Lungs." *J. Anat.*, July, 1945, pp. 97-120.

BEACH, H. L. W. (and Rennie, J. K.). "Four Cases of Typhus Fever in Great Britain." *Brit. Med. J.*, August 4th, 1945, pp. 153-154.

BROOMHEAD, R. "Malunion of Fractures." *Practitioner*, August, 1945, pp. 78-83.

CHAMBERS, G. O. "A Review on Pruritis Ani." *Post-Grad. Med. J.*, May, 1945, pp. 151-158.

COHEN, E. LIPMAN. "The Relationship of Acne and Hypertrichosis." *Brit. J. Dermat.*, May/June, 1945, pp. 102-106.

ETHERINGTON-WILSON, W. "Primary Carcinoma of an Ectopic Bladder; and Primary Benign Papillomatoma of the Ureter." *Brit. J. Urol.*, June, 1945, pp. 62-64.

FRANKLIN, A. W. "A Handlist of the Writings of Sir Thomas Barlow." *Arch. Dis. Childhood*, June, 1945, pp. 50-51.

HAMBLY, E. H. T. "Fractures, Part 2. The Upper Limb." *Post-Grad. Med. J.*, May, 1945, pp. 167-172.

HAMILTON, W. J. (and Day, F. T.). "Cleavage Stages of the Ova of the Horse, with Notes on Ovulation." *J. Anat.*, July, 1945, pp. 127-131.

HARDWICK, S. W. (et. al.). "Nicotinamide Methochloride Elimination Tests." *Lancet*, August 18th, 1945, pp. 197-199.

JENKINS, G. N. "Cooking and the Nutritional Value of Food." *Practitioner*, September, 1945, pp. 149-155.

JOHNSON, R. T. (and Dick, R. C. S.). "Neuro-surgery in the Eastern Theatre of War." *Lancet*, August 18th, 1945, pp. 193-196.

MCALPINE, D. "Epidemiology of Acute Poliomyelitis in India Command." *Lancet*, August 4th, 1945, pp. 130-133.

TUBBS, O. S. "Surgical Closure of the Patent Ductus Arteriosus." *Post-Grad. Med. J.*, May, 1945, pp. 158-167.

WARD, F. G. "'Orthopaedic' Rehabilitation." *Brit. Med. J.*, August 18th, 1945, pp. 225-227.

EXAMINATION RESULTS  
M.D. EXAMINATION, JULY, 1945

Branch I (Medicine)  
Watkinson, G.

## SECOND EXAMINATION FOR MEDICAL DEGREES, JULY, 1945

Batten, K. L.	Stanley, H. W.	Mendel, David	du Heaume, B. H.
Chesover, I.	Thomas, B.	Partington, M. W.	Jenkins, A. V.
Dobson, J. D.	Benett, G. R.	St. John, J. M. S.	Morgan, D. J. R.
Gosling, R. E. G.	Coombs, G. A.	Taylor, D. G.	Rees, E. G.
Johnson, W.	Dower, G. E.	Weller, M. A.	Segall, M. L. J.
Newman, W. T.	Hathaway, A. E.	Berman, J. M.	Taylor, G. B.
Rossdale, D.		Davies, H. F.	

## FIRST EXAMINATION FOR MEDICAL DEGREES

Aubin, D. F. A.	Rosser, E. M.	Latham, R. P.	Farley, J. D.
Bexon, W. H.	Stebbing, N. E.	Moore, G. J. M.	Hale, B. C.
Cookson, T. S.	Whiting, N. E.	Moynahan, A. R.	Ibbotson, R. N.
Gittings, D. J.	Barratt, A. J. F.	Scott, W. C.	Luke, M. F.
Horwitz, H.	Burn, J. I.	Stephenson, J. W.	Morgan, D. C.
James, D. C.	Cooper, C. J.	Wise, M.	Parker, R. B.
McKee, J. F. M.	Haigh, P. G.	Bennett, W. R. C.	Simmons, P. H.
Morrison, B. A.	Hovenden, B. J.	Coldrey, P. A.	Warlow, P. F. M.

SOCIETY OF APOTHECARIES  
FINAL EXAMINATION, JULY 1945

Medicine  
Rodén, P. J.  
Wimborne, D.

Surgery  
Wimborne, D.

The Diploma L.M.S.S.A. was granted to  
Wimborne, D.